



## U.S. CONSULATE GENERAL, FRANKFURT CONSULAR SERVICES

### Credit Card Payment Form for Visa Issuance Fees

Please complete **all** items and sign. Incomplete forms and accompanying documents will be returned without processing.

**Credit Card Type (Please note: No other credit cards can be accepted.)**

MasterCard: ☐ Visa: ☐ American Express: ☐ Diners Club: ☐ Discover: ☐

**Credit Card Number:**

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**Expiration Date:** Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Full Name as shown on Credit Card:** \_\_\_\_\_

**Please charge my credit card account shown above for the requested consular services.**

**Current Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
Daytime ☐ Evening ☐

**Signature:** \_\_\_\_\_  
Card Holder's Signature (original) Date

**FOR INTERNAL USE ONLY CASHIER PLEASE CIRCLE APPROPRIATE SECTION**  
IV                      NIV                      PPT                      ROB                      NOTARIALS                      INS